

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**4482**

STATE FILE NUMBER

**=63-017810**

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **OKLAHOMA** b. COUNTY **Tulsa**

c. CITY OR TOWN **Tulsa**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Tulsa Englewood Hospital**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

**1408 N. Denver**

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First **Ralph**

Middle **E.**

Last **Keith**

4. DATE OF DEATH

Month

Day

Year

**Apr. 22 1963**

5. SEX

**M**

6. COLOR OR RACE

**W**

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**11/22/1915**

9. AGE (last birthday)

**47**

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Mail Handler**

10b. KIND OF BUSINESS OR INDUSTRY

**Railroad**

11. BIRTHPLACE (City and state or country)

**Laclede County, Mo.**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

13a. FATHER'S NAME

**William Keith**

13b. MOTHER'S MAIDEN NAME

**Nora Roberson**

14. NAME OF HUSBAND OR WIFE

**Pauline**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

**Yes**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Pauline Keith, 1408 N. Denver, Tulsa, Okla.**

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Acute myocardial infarction**

INTERVAL BETWEEN ONSET AND DEATH

**3 hr**

DUE TO (b)

**Arteriosclerosis heart disease**

DUE TO (c)

**4200**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Cholelithiasis**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

**Jan. 16, 1963**

to **April 22, 1963**

and last saw him alive on **April 22, 1963**

Death occurred at

**1:20 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Hugh P. Crowell, M.D.**

22b. ADDRESS

**4960 Laclede**

22c. DATE SIGNED

**4/22/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

23b. DATE

**4-23-63**

23c. NAME OF CEMETERY OR CREMATORY

**Rose Hill Cemetery**

23d. LOCATION (City, town, or county)

**Tulsa, Oklahoma.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Albert H. Hoppe Inc., 4700 Washington, Blvd**

25. DATE RECD. BY LOCAL REG.

**APR 23 1963**

26. REGISTRAR'S SIGNATURE

**Boal Smith, M.D.**

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OK

4-24-63

Cholelithiasis

Allen L. Taylor

62-0

62

VS 300

Rev. 4/59

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MAY 14 1963

MAY 7 1963

JUN 5 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.